PAIENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003											00011 = 1					
CLAIMS AS FILED - PART I										09934654						
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╟	FOR	H	· ·					RA	TE	FEE		RAT	E	FEE		
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-	AULTIPLE DEF							+145	; <u> </u>	<del></del>	OF	` <del> </del>		<del></del>		
	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	XL		JOF	`	<u> </u>		
				L		10-		ER TH	441							
	T	(Column 1		(Column 2) (Column 3)				<b>,</b>	SMAL	L E	YTITY	OR				
<b>AMENDMENT A</b>	3.200	REMAINING AFTER AMENDMEN	- 1		NUMBI PREVIOL PAID FO	R PRESENT			RATE		ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE											oi		290=			
<b>-# #</b>	le "Highest Num	her Provinces De		114 1419 5	PACE IS less	than 20	), enter "20."	ADD	TOTAL		OF	ADI	TOTAL OIT. FEE			
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